

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

| | |
|--|---|
| PLAINTIFF REGINALD THADDEUS GILBERTBEY | COURT CASE NUMBER CAE05-0069 |
| DEFENDANT UNITED STATES OF AMERICA, et al | TYPE OF PROCESS SERVICE OF SUMMONS/PROCESS |

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT { DEPARTMENT OF JUSTICE
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
DEPARTMENT OF JUSTICE, 950 Pennsylvania Avenue, N.W., Washington, D.C. 20530

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

REGINALD T. GILBERTBEY
REG. NO. 03854-078
UNITED STATES PENITENTIARY ALLENWOOD
P.O. BOX 3000
WHITE DEER, PENNSYLVANIA 17887

Number of process to be
served with this Form 285Number of parties to be
served in this case

6

Check for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------|-----------------------|----------------------|--|------|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin | District to Serve | Signature of Authorized USMS Deputy or Clerk | Date |
| | | No. _____ | No. _____ | | |

I hereby certify and return that I ☐ have personally served ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date 9/14/04 Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

| | | | | | |
|--------------------|--|----------------|----------------------|------------------|--|
| Service Fee JAC | Total Mileage Charges including endeavors | Forwarding Fee | Total Charges JAC | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) |
|--------------------|--|----------------|----------------------|------------------|--|

REMARKS 2-4-06 934280306363

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment
if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

2. Article Number



7160 3901 9842 8020 6363

3. Service Type **CERTIFIED MAIL**4. Restricted Delivery? (Extra Fee) ☐ Yes

1. Article Addressed to:

DEPARTMENT OF JUSTICE
 950 PENNSYLVANIA AVENUE, N.W.
 WASHINGTON, D.C. 20530

5-096, O/S/C, 2/9/06, SRB

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ Agent
☐ Addressee

 D. Is delivery address different from above?
 If YES, enter delivery address below:

☐ Yes
☐ No

FEB 16 2006

PS Form 3811, January 2003

Domestic Return Receipt